



Make application to local Fire Department.  
Fire Department retains original application and issues duplicate as Permit.

*Commonwealth of Massachusetts*  
*Department of Fire Services – Office of the State Fire Marshal*

# APPLICATION and PERMIT

Fee: \_\_\_\_\_

for storage tank removal and transportation to approved tank disposal yard in accordance with the provisions of M.G.L. Chapter 148, Section 38A, 527 CMR 9.00, application is hereby made by:

## Tank Owner

Tank Owner Name (please print) \_\_\_\_\_ X \_\_\_\_\_  
Signature (if applying for permit)

Address \_\_\_\_\_  
Street City State Zip

## Removal Contractor

Company Name \_\_\_\_\_  
Print

Address \_\_\_\_\_  
Print

Signature (if applying for permit)  
\_\_\_\_\_

☐ IFCI\* Certified

Other \_\_\_\_\_

## Contamination Assessment

Co. or Individual \_\_\_\_\_  
Print

Address \_\_\_\_\_  
Print

Signature (if applying for permit)  
\_\_\_\_\_

☐ IFCI\* Certified

☐ LSP # \_\_\_\_\_

Other \_\_\_\_\_

## Tank Information

Tank Location \_\_\_\_\_  
Street Address City

Tank Capacity (gallons) \_\_\_\_\_ Substance Last Stored \_\_\_\_\_

Tank Dimensions (diameter x length) \_\_\_\_\_

Remarks: \_\_\_\_\_  
\_\_\_\_\_

## Disposal Information

Firm transporting waste \_\_\_\_\_ State Lic. # \_\_\_\_\_

Hazardous waste manifest# \_\_\_\_\_ E.P.A. # \_\_\_\_\_

Approved tank disposal yard \_\_\_\_\_ Tank yard # \_\_\_\_\_

Type of inert gas \_\_\_\_\_ Tank yard address \_\_\_\_\_

## Approvals

City or Town \_\_\_\_\_ FDID# \_\_\_\_\_ Permit# \_\_\_\_\_

Date of issue \_\_\_\_\_ Date of expiration \_\_\_\_\_

Dig safe approval number: \_\_\_\_\_

Dig Safe Toll Free Tel. Number - 800-322-4844

Signature / Title of Officer granting permit \_\_\_\_\_

After removal(s) ("Consumptive Use" fuel oil tanks exempted) send Form FP-290R signed by Local Fire Dept. to UST Regulatory Compliance Unit, Department of Fire Services, P.O. Box 1025, State Road, Stow, MA 01775.

\*International Fire Code Institute